

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012165

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 18

FILED MAR 25 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 0505			
2 05052			
3			
4 1			
5 2			
6			
7 0			
8 2			
9 9491X			
10			
11			
12 90-0			
13 3-0			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	
ITEM NO.			

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>De Soto</u>		c. CITY OR TOWN <u>De Soto</u>	
Length of stay in 1b <u>20 Yrs</u>		Inside Limits <u>Yes</u> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1300 N. 4th St.</u>		d. STREET ADDRESS (If outside, give location) <u>1300 N. 4th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Rosa</u> Middle <u>Belle</u> Last <u>Coleman</u>		4. DATE OF DEATH Month <u>3</u> Day <u>17</u> Year <u>63</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-29-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
13a. FATHER'S NAME <u>Frank Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine McKee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. Gladys Green, De Soto, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10.2</u>	
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last: DUE TO (b) <u>Infirmitas of age</u> DUE TO (c) <u>Infirmitas of age</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Infirmitas of age</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5 a.m.</u> Month, Day, Year <u>Oct - 1958</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ware</u>	20f. CITY, TOWN, OR LOCATION <u>Ware, Mo.</u>		
21. I attended the deceased from <u>Oct - 1958</u> to <u>3-17-63</u> and last saw her <u>3-15-63</u> Death occurred at <u>5 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>3-20-63</u>	
22a. SIGNATURE (Degree or title) <u>Chas. E. Fallut ms</u>		22b. ADDRESS <u>De Soto Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-20-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ware</u>	
24. FUNERAL DIRECTOR ADDRESS <u>J. Lee Mothershead, De Soto, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-20-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.